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Bib Data Sheet

CONFIRMATION NO. 4468

SERIAL NUMBER 10/807,981	FILING DATE 03/24/2004 RULE	CLASS 403	GROUP ART UNIT 3679	ATTORNEY DOCKET NO. 11371-21
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

GERMANY 10313899.4 03/27/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/05/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature				

ADDRESS

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TITLE

Fastening system for a patient table

FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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